

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CARMENS LIST

ADDRESS (number and street)

PO BOX 141098



Check if different
than previously
reported. (ACC)

ORLANDO

FL

32814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00493718

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)

- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)

- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)

- ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

11 / 08 / 2016

in the
State of



(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the
State of



5. Covering Period

10 / 01 / 2016

through

10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Melissa Lopez Rogers

Signature of Treasurer

Date

12 / 23 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 05/2016

2016-12-27-03:00:127471

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CARMEN'S LIST

Report Covering the Period:

From:

10 / 01 / 2016

To:

10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1.	26.16	2329.09
(b) Cash on Hand at Beginning of Reporting Period.....	2329.09	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2329.09	2329.09
7. Total Disbursements (from Line 31)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2329.09	2329.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3825.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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DETAILED SUMMARY PAGE of Receipts

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Write or Type Committee Name

CARMEN'S LIST

Report Covering the Period:

From:

10 / 01 / 2016

To:

10 / 19 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

0.00

0.00

**12. Transfers From Affiliated/Other
Party Committees.....**

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

**15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....**

0.00

0.00

**16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....**

0.00

0.00

**17. Other Federal Receipts
(Dividends, Interest, etc.).....**

0.00

0.00

**18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account
(from Schedule H3).....**

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶**

0.00

0.00

**20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶**

0.00

0.00

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DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	0.00

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DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
X 10

NAME OF COMMITTEE (In Full)

CARMENS LIST

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NGIP Software Inc

Nature of Debt (Purpose):

new
compliance
services

Mailing Address

1225 Eye St NW Suite 1225

City

Washington

State

DC

Zip Code

20005

Outstanding Balance Beginning This Period

38,250.00

Amount Incurred This Period

0,000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38,250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶

2) TOTALS This Period (last page this line number only).....▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶

38,250.00
38,250.00

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- The UPS Express Envelope may be used to ship up to 10 lbs. of product. Certain countries consider electronics to be hazardous materials. For more information, visit ups.com/importexport.


- To qualify for the letter rate, the UPS Express Envelopes weighing more

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016 DEC 27 AM 9:59

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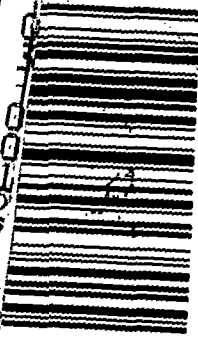
International Shipping Notice – Carriage hereunder may be subject to the rules relating to liability, the Convention on the Contract for the International Carriage of Goods by Road (the "CMR Convention")

	
UPS Next Day Air® UPS Worldwide ExpressSM	
Shipping Document	
See instructions on back. Visit ups.com ® or call 1-800-PICK-UPS® (800-742-5877) for additional information and tariff/terms and conditions.	
TRACKING NUMBER	J229 405 5575
SHIPMENT FROM SHIPPER'S UPS ACCOUNT NO.	
REFERENCE NUMBER	

NAME TELEPHONE
Melissa Lopez Rogers ()
COMPANY
STREET ADDRESS
3333 Piedmont Road, Ste 2500
CITY AND STATE ZIP CODE
Atlanta GA 30305
2 EXTREMELY URGENT DELIVERY TO

NAME _____ TELEPHONE _____
FEDERAL Election Commission
COMPANY _____
STREET ADDRESS _____ DEPT./FIR. _____
999 EYE ST., N.W.
CITY AND STATE (INCLUDE COUNTRY IF INTERNATIONAL) _____
WASHINGTON D.C. ZIP CODE _____
20463
Reside _____
DENT _____

UPS NEXT DAY AIR
TRACKING #: J229 4055 575



	WEIGHT	DIMENSIONAL WEIGHT If applicable	LARGE PACKAGE	SUPPLIER RELEASE
5 TYPE OF SERVICE	<input checked="" type="checkbox"/> NEXT DAY AIR <input type="checkbox"/> EXPRESS (INT'L)			CHARGES
6	FOR WORLDWIDE EXPRESS SHIPMENTS Mark an "X" in this box if shipment only contains documents of no commercial value.			5
OPTIONAL SERVICES	<input type="checkbox"/> SATURDAY DELIVERY <small>See instructions.</small>	<input type="checkbox"/> SATURDAY DELIVERY <small>See instructions.</small>	5	
	<input type="checkbox"/> DECLARED VALUE FOR CARRIAGE <small>For shipments valued at more than \$500, the declared value must be indicated by marking one of three boxes below.</small>	\$ _____ AMOUNT	5	
7 ADDITIONAL HANDLING CHARGE	<input type="checkbox"/> C.O.D. <small>If C.O.D., enter amount to be collected upon delivery. If collect on delivery (C.O.D.), tag to attach.</small>	\$ _____ AMOUNT	5	
	<input type="checkbox"/> An Additional Handling Charge applies for certain items. See instructions.		5	
TOTAL CHARGES				5
8 METHOD OF PAYMENT	BILL SUPPLIERS ACCOUNT NUMBER <input checked="" type="checkbox"/> BILL TO ORDER ONLY <input type="checkbox"/> CREDIT CARD <small>Record Account No. in Section 9</small>	BILL TO ORDER ONLY <input type="checkbox"/> CREDIT CARD <small>American Express, MasterCard, Visa</small>	CHECK	
(In Section 1)				

9 RECEIVER'S / THIRD PARTY'S UPS ACCT. NO. OR MAJOR CREDIT CARD NO.		EXPIRATION DATE
THIRD PARTY'S COMPANY NAME		
STREET ADDRESS		
CITY AND STATE	ZIP CODE	

DATE OF SHIPMENT

UPS COF

1000

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United

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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>12/23/16</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2015)

[Signature]

12/27/16
DATE PREPARED

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